## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

HEALTHCARE PREFERRED INC

1 (61) (1) (1) (1)	JARA 1018 11818	EUR BHEIN BHEIN E	Neil Buill ie de

**FILED** 

Feb 23 1998 8:00am

Secretary of State

ITEMET	HOARL FREI ERRED	, IIIO.			
Principal Pla	ce of Business	Mailing Address			
601 E. ROLLI	ins	601 E. ROLLINS			
ORLANDO FL		ORLANDO FL 32903			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
• Principal i	Place of Business	6- Mailing Address		04/15/1984	
2. Principa i	Mace of Dusiness	2a. Mailing Address		4. FEI Number Applied	
Suite, Apt	# etc	26     Suite, Apt. #, etc.	777.444.		plicable
22	. 11 010.	27 Suite, Apr. #, 6tc.		5. Certificate of Status Desired See Require	
City & Sta	ite	City & State			
23		28		6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangit	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9, Name and Address	of Current Registered Agent		10. Name and Address of New Registered Agent	
BR	OWNLOW, JOHN		81 Name		
	1 E. ROLLINS ST.		82 Street Addi	dress (P.O. Box Number is Not Acceptable)	
	ILANDO FL 32803		OL GUOSE FIGGE	iless (F.O. box Number is Not Acceptable)	
			83		
			24 01	11	
			84 City	FL 85 Zip Code	ľ
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florida Str	atutes, the above-named corr	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as regis	istered
office or agent. I a	registered agent, or both, in am familiar with, and accept	n the State of Florida. Such change wa it the obligations of, Section 607.0505,	as authorized by the corporat . Florida Statutes.	ition's board of directors. I hereby accept the appointment as regis	stered
SIGNATURE					
Olonyri Olic			NOTE Registered Agent signature requir		
12.		ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	CDC	☐ DELET <b>E</b>	1.1 TITLE	Change	Addition
NAME	BROWNLOW, JOHN		1.2 NAME		
STREET ADDRESS	601 E. ROLLINS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	Change	Addition
NAME	REINER, RICH		22 NAME		
STREET ADDRESS	601 E. ROLLINS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		2. 4 CITY+ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME	BOHANNON, DON		3.2 NAME		
STREET ADDRESS	7430 COLONIAL CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	Change	Addition
NAME	MILLER, SCOTT	_	4. 2 NAME		
STREET ADDRESS	8625 CONTOURA DR	t.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	İ	☐ DELETE	5.1 TITLE	☐ Change ☐	Addition
NAME			5.2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE		☐ Change ☐	Addition
TITLE NAME		☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐	Addition
		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐.	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.